

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Docket Number <b>10/715962</b>				
CLAIMS AS FILED - PART I						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)								
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE			RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$150				\$300	
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =		x \$25 =				x \$50 =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =		x \$100 =				x \$200 =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$180 =				+ \$360 =		
				TOTAL				TOTAL		
* If the difference in column 1 is less than zero, enter "0" in column 2.										
CLAIMS AS AMENDED - PART II						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)						
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	10	Minus	20		x \$25 =				x \$50 =	
Independent (37 CFR 1.16(b))	3	Minus	3		x \$100 =				x \$200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$180 =				+ \$360 =		
				TOTAL ADD'L FEE				TOTAL ADD'L FEE		
(Column 1)		(Column 2)		(Column 3)						
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus			x \$25 =				x \$50 =	
Independent (37 CFR 1.16(b))		Minus			x \$100 =				x \$200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$180 =				+ \$360 =		
				TOTAL ADD'L FEE				TOTAL ADD'L FEE		
(Column 1)		(Column 2)		(Column 3)						
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus			x \$25 =				x \$50 =	
Independent (37 CFR 1.16(b))		Minus			x \$100 =				x \$200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$180 =				+ \$360 =		
				TOTAL ADD'L FEE				TOTAL ADD'L FEE		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comment on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application of Doctoral Number  
**10/115 962**  
**SCHNP0184USA**

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	18	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	18 minus 20 =	0
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	18	Minus	20
	Independent	2	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X59=		OR	X518=	0
X43=		OR	X88=	0
+145=		OR	+290=	0
TOTAL		OR	TOTAL	770

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X59=		OR	X518=	
X43=		OR	X88=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	15	Minus	20
	Independent	3	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X59=		OR	X518=	
X43=		OR	X88=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	15	Minus	20
	Independent	3	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X59=		OR	X518=	
X43=		OR	X88=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.

\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."

\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.